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International Journal of Surgery Case Reports

journal homepage: www.casereports.com**Fatal pulmonary embolism following conservatively managed tendoachilles rupture: A case report**

We read with interest your case report "Fatal pulmonary embolism following conservatively managed tendoachilles rupture – A case report. *Int J Surg Case Rep* 2012;3(1): 3–5. Published online 2011, October 8. doi:10.1016/j.ijscr.2011.09.005, PMCID: PMC3267277."

You have mentioned that "There are no current clear guidelines on venous thromboembolism (VTE) prophylaxis in conservatively managed outpatients with cast immobilisation."

We would like to inform the readers that there is a very clear guideline from College of Emergency Medicine regarding thromboprophylaxis in patient with lower limb plaster which is available on their website www.collemergencymed.ac.uk/code/document.asp?ID=6656.

The guide lines suggests

Ambulatory patients with lower limb immobilisation and any of the following temporary risk factors should be considered to be at increased risk of venousthromboembolic disease:

1. Age > 50 yrs
2. Rigid immobilisation

3. Non-weight bearing status
4. Acute severe injury (dislocation, fracture or complete tendon rupture)

Combination of 2 or more risk factors for venous thromboembolism in patients with isolated limb injury increases the risk of developing subsequent VTE.

In your patients case if this guideline would have been followed the patient would have been on LMWH and the risk of VTE could have been reduced.

Syed Haque*

Trauma and Orthopaedics, Kettering General Hospital, Kettering NN16 8UJ, United Kingdom

Ghazala Siddiqui

Leicester General Hospital, Leicester, United Kingdom

* Corresponding author. Tel.: +44 7799541732.

E-mail address: syedhaque@doctors.org.uk
(S. Haque)

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